

**Indiana Criminal Justice Institute – Victim Services Division  
Office on Violence Against Women – STOP Grant Program  
2011 Grant Review Form**

**CJI Staff Use Only**

ID Number: \_\_\_\_\_

Grant Number: \_\_\_\_\_

Type of Application: \_\_\_\_\_ Continuation \_\_\_\_\_ New

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

Current Funding: \$ \_\_\_\_\_ Requested Funding: \$ \_\_\_\_\_ Funding Recommended: \$ \_\_\_\_\_

Program Type:      Court      Prosecutor      Law Enforcement      Victim Services

County(s) Served: \_\_\_\_\_

**Scoring Summary Sheet**

	Points Available	Score Received
<b>Funding Application Checklist</b>	5 Points	_____
<b>Section One (A-P)</b>	10 Points	_____
<b>Section Two (Q-T)</b>	<b>Narratives</b>	_____
Q. Introduction & Agency Overview	15 Points	_____
R. Status of Current Program or New Program	15 Points	_____
S. STOP Statutory Purpose Areas	15 Points	_____
T. Budget Narrative	25 Points	_____
<b>Section Three</b>	<b>Exhibits</b>	_____
Abstract	20 Points	_____
Goals and Objectives	20 Points	_____
Program Detail Budget	15 Points	_____
Program Need & Implementation	35 Points	_____
<b>Section Four</b>	<b>Attachments</b>	_____
1. Current Funding	5 Points	_____
2. Letters of Support	5 Points	_____
3. Certifications and Assurances	5 Points	_____
4. Consultation Form	5 Points	_____
5. Grant Compliance	5 Points	_____
<b>Total Points Awarded</b>		_____
		<b>Score/200 =</b> _____

## **Funding Application Checklist – 5 Points Max**

Did the applicant complete and sign the Funding Application Checklist?

Yes: 5

No: 0

**Total** \_\_\_\_\_

## **Section One (A-P) – 10 Points Max**

- Were all blanks for Section One completed?

Yes: 1

No: 0

- Did the applicant choose a purpose area for Letter G?

Yes: 1

No: 0

- Did the percentages given for Letter H total 100%?

Yes: 1

No: 0

- Did the applicant give percentages of funding to be committed by type of crime in Section I, and did it total 100%?

Yes: 1

No: 0

- Does the program use an evaluation tool?

Yes: ½

No: 0

- Did the applicant identify how many victims they served in the last 12months?

Yes: ½

No: 0

- Did the applicant identify how many years they have been receiving STOP funds from ICJI?

Yes: 1

No: 0

- Is the applicant in good standing, with the Indiana Secretary of State Office?

Yes: 1

No: 0

N/A (Governmental Agencies Only): 1

- Does the applicant/organization have a policy/procedures manual?

Yes: 1

No: 0

- Did the applicant list who was involved in writing the funding request application?

Yes: 1

No: 0

- Did the applicant provide the information requested for letter P?

Yes: 1

No: 0

**Total** \_\_\_\_\_

## Section Two (Q-U) Narratives

### *Q. Introduction & Agency Overview – 15 Points Max*

Did the applicant limit this section to three pages, use 12-point font and double space?

Yes: 1

No: 0

Did the applicant describe the function of the agency/organization?

Yes: 2

No: 0

Did the applicant explain how the program impacts the agency/organization?

Yes: 2

No: 0

Did the applicant explain how the program impacts the community?

Yes: 2

No: 0

If the applicant requested an increase in funding, is the need explained?

Yes or NA: 2

No: 0

Did the applicant identify how the program will function if less funding than was requested is received?

Yes: 3

No: 0

Did the applicant identify how the program will function is no funding is received?

Yes: 3

No: 0

Partial: 1-2

**Total \_\_\_\_\_**

### *R. Status of Current Program or New Program – 15 Points Max*

***Please select R1 if this is a Continuation Program or select R2 if this is a New Program.***

#### *R1. Status of Current Program*

Did the applicant limit this section to two pages, use 12-point font and double space?

Yes: 1

No: 0

Did the applicant give an overview of how the program has met its objectives and the resulting impact during the past grant period?

Yes: 6

No: 0

Partial: 1 – 5

Did the applicant explain issues that prevented the successful completion of Performance Measures set for 2010/2011 funding?

Yes or NA: 8

No: 0

Partial: 1 – 7

**Total \_\_\_\_\_**

## *R2. New Program*

Did the applicant limit this section to two pages, use 12-point font and double space?

Yes: 1

No: 0

Did the applicant provide details of non-federal dollars the agency is currently receiving in support of this program?

Yes: 2

No: 0

Did the applicant indicate the number of years the agency has been in existence?

Yes: 2

No: 0

Did the applicant explain if the program has been done with this agency before?

Yes: 2

No: 0

Did the applicant explain if the program was established due to a recognized need in the community or to fill a gap in service? If so, did the applicant identify the need?

Yes: 8

No: 0

Partial: 1 – 7

**Total** \_\_\_\_\_

## *S. STOP Statutory Purpose Areas – 15 Points Max*

1. Did the applicant limit this section to two pages, use 12-point font and double space?

Yes: 1

No: 0

2. Did the applicant list each Statutory Purpose area on which the grant will focus?

Yes: 3

No: 0

3. Did the applicant describe how the program will support those areas selected in Letter G?

Yes: 3

No: 0

4. Did the applicant describe how the program will improve or support services to one or more of the following underserved populations in their community/area: Latino/Hispanic, Elderly, Disabled and Rural/Poverty, Immigrant?

Yes: 5

No: 0

Partial: 1 – 4

5. Did the applicant list an evaluation tool or method that will be utilized if a purpose area selected is to expand, train or develop a program to enhance services to victims through training?

Yes: 3

No: 0

Partial: 1 – 2

**Total** \_\_\_\_\_

*U. Budget Narrative – 25 Points Max*

1. **PERSONNEL and FRINGE BENEFITS:** (If no Personnel or Fringe Benefits items are listed in the budget, give **7** points and skip to Contractual Services)
- a. Did the applicant describe the roles & responsibilities for each position or attach a job description?  
Yes: 1  
No: 0
  - b. Did the applicant describe the direct service each position provides victims?  
Yes: 1  
No: 0
  - c. Did the applicant explain how the administrative duties of each position directly impacts victim services and what percentage of time is spent on providing direct services?  
Yes: 1  
No: 0
  - d. Did the applicant state if the position receives funding from any other sources? If so, did applicant list each source and the amount?  
Yes: 1  
No: 0
  - e. Did the applicant give a break down of Personnel costs for each position in the budget including the number of anticipated hours worked per year and the rate of pay per position?  
Yes: 1  
No: 0
  - f. Did the applicant state if this is a new position(s) and/or why the position is needed?  
Yes: 1  
No: 0
  - g. Did the applicant describe **fringe benefits** for each position?  
Yes: 1  
No: 0  
NA: 1 (If no fringe benefits are listed, give one point)

**Total** \_\_\_\_\_

2. **CONTRACTUAL SERVICES** (If no Contractual Services are listed in the budget, give **5** points and skip to Travel)
- a. Does the applicant describe the position or services being contracted?  
Yes: 1  
No: 0
  - b. Does the applicant describe how the service(s) directly impact victims?  
Yes: 1  
No: 0
  - c. Is the consultant's hourly rate provided?  
Yes: 1  
No: 0
  - d. Does the applicant describe the basis for selection of the consultant?  
Yes: 1  
No: 0
  - e. Does the applicant explain if this is a new or continued contract? If it is new, why is it needed?  
Yes: 1  
No: 0

**Total** \_\_\_\_\_

3. **TRAVEL** (If no Travel is listed in the budget, give **2** points and skip to Equipment)

- a. Did the applicant describe why travel is necessary to provide direct victim services?

Yes: 1

No: 0

- b. Does the applicant explain the need for more than one person to travel if two or more persons are traveling together?

Yes: 1

No: 0

**Total** \_\_\_\_\_

4. **EQUIPMENT** (If no Equipment is listed in the budget, give **5** points and skip to Operating Expenses/Supplies)

- a. Does the applicant explain why the agency needs this equipment?

Yes: 1

No: 0

- b. Does the applicant explain if the agency currently has this equipment and/or why new equipment is needed?

Yes: 1

No: 0

- c. Does the applicant explain how purchasing this equipment will improve services to victims?

Yes: 1

No: 0

- d. If more than one piece of equipment is requested, did the applicant prioritize the items?

Yes: 1

No: 0

- e. Does the applicant explain if the equipment is available in a cooperative effort with other service providers or agencies?

Yes: 1

No: 0

**Total** \_\_\_\_\_

5. **OPERATING EXPENSES/SUPPLIES** (If no Operating Expenses/Supplies are listed in the budget, give **3** points)

- a. Did the applicant explain how the expenditure will directly improve services to victims?

Yes: 1

No: 0

- b. Does the applicant state if non-STOP funded personnel will be using or have access to these items? If non-STOP personnel use the items, does the applicant explain why?

Yes: 1

No: 0

- c. Does the applicant state what percentage of these items will be covered by STOP funds? If the calculation is 100%, did the applicant provide an explanation why?

Yes: 1

No: 0

**Total** \_\_\_\_\_

6. **Overall Budget:**

- a. Did the applicant limit this section to five pages, use 12-point font and double space?

Yes: 1

No: 0

- b. Taking into consideration the overall budget narrative, did the applicant include explanation of all line items listed in the Program Detail Budget in Exhibit B?

Yes: 2

No: 0

**Total** \_\_\_\_\_

**Budget Narrative Total** \_\_\_\_\_

### Section 3 – Exhibits

#### *Exhibit A – Project Narratives*

##### *Proposal Abstract – 20 Points Max*

Did the applicant limit this section to one page, use 12-point font and double space?

Yes: 1

No: 0

Did the applicant provide a clear, concise abstract with an accurate description of the program/project?

Yes: 9 ½

No: 0

Partial: 1 - 9

Did the abstract describe the design, implementation and expected outcomes of the program?

Yes: 9 ½

No: 0

Partial: 1 – 9

**Total** \_\_\_\_\_

##### *Goals and Objectives– 20 Points Max*

1. Did the applicant limit this section to two pages, use 12-point font and double space?

Yes: 1

No: 0

2. Did the applicant include at least one, but no more than three goals, with objectives for each goal?

Yes: 1

No: 0

3. Are the goals and objectives reasonably attainable, given the time frame and resources available?

Yes: 3

No: 0

4. Did the applicant identify the following, (may also refer to applicant's responses to question G in Section 1):

- Goal(s) that relate to the purpose of the STOP funding and needs of the community as described in the Exhibit C?

Yes: 3

No: 0

- At least one measurable objective for each goal that describes **what** will be done? Consider whether or not a change will occur as a result of this project.

Yes: 3

No: 0

- At least one measurable objective for each goal that describes **how** it will be done? Consider whether or not individuals/organizations responsible for carrying out the duties are identified.

Yes: 3

No: 0

- At least one measurable objective for each goal that describes **when** it will be done?  
Yes: 3  
No: 0
  - At least one measurable objective for each goal that describes **how** the results will be measured to assess the project at the end of each quarter and at the end of the project period?  
Yes: 3  
No: 0
- Total** \_\_\_\_\_

***Exhibit B – Program Detail Budget – 15 Points Max***

1. Did the applicant attach the entire Program Detail Budget, including the Budget Match page and are computations correct?  
Yes, the computations are correct and all sections are completed: 15  
Computations are correct, but not all sections are completed: 7  
All sections are completed, but computations are not all correct: 7  
Not included: 0

**Total** \_\_\_\_\_

***Exhibit C – Program Need and Implementation – 35 Points Max***

1. Did the applicant limit this section to five pages, use 12-point font and double space?  
Yes: 1  
No: 0
  2. Program Need
    - Did the applicant identify the target population?  
Yes: 3  
No: 0
    - Did the applicant give details of how the target population will benefit from the program?  
Yes: 3  
No: 0
    - Did the applicant establish how the need is specific to the community being served and include a demographic profile of the target population in each county, city, town or region to be served?  
Yes: 2  
No: 0
    - Did the applicant describe the community in which the program would be, or is currently being implemented?  
Yes: 2  
No: 0
    - Did the applicant identify how the program will address the needs of underserved populations?  
Yes: 3  
No: 0
    - Did the applicant answer the question regarding any associations the program may have with Faith Based Initiatives?  
Yes: 3  
No: 0
- Total** \_\_\_\_\_



### 3. Program Implementation

- Did the applicant identify the agency(s) and/or officer(s) responsible for implementing the program?  
Yes: 3  
No: 0
  - Did the applicant describe any program partners and collaborative relationships to be developed or enhanced to improve the program's mission?  
Yes: 6  
Partial: 1 - 5  
No: 0
  - Did the applicant identify the roles and responsibilities of each program partner?  
Yes: 3  
No: 0
  - Did the applicant identify any program or organizations in the area that provide direct services to victims?  
Yes: 3  
No: 0
  - Did the applicant explain if any services are being duplicated in their area and include a list of those services?  
Yes: 3  
No: 0
- Total** \_\_\_\_\_

**Program Need & Prog. Implementation Total** \_\_\_\_\_

### Section 4 – Attachments

#### *Attachment 1 – Current Funding*

Did the applicant provide the following information in a folder marked “Attachment 1 – Confidential” in both the “original” **and** all four copies of the application:

Yes: 5

No: 0

- A list of all active Federal grants (including the amount) already supporting this or related efforts?
  - Information on all pending applications for Federal dollars for this or related efforts?
  - A list of all active State grants (including the amount) that support the program?
  - A list of all active foundation or philanthropic grants that support the program?
  - A list of all fundraising activities supporting the program?
  - A list of any and all local or regional funding the supports the program?
  - **Non-Profits Only:** A Total Agency Budget?
- Total** \_\_\_\_\_

#### *Attachment 2 – Letters of Support*

Did the applicant attach two letters of support? At least one letter must be from a Judge/Court, Prosecutors Office, Law Enforcement Agency or other victim service provider.

Letters are included as required, dated in 2011 and specific to the application: 5

Letters are included as required, but not dated in 2011 or specific to the application: 1

Letters are not included: 0

**Total** \_\_\_\_\_

#### *Attachment 3 – Certifications & Assurances*

Did the applicant print and sign the Certifications & Assurances?

Yes: 5

No: 0

**Total** \_\_\_\_\_

*Attachment 4 – Consultation Form*

Courts, Law Enforcement or Prosecutor Programs:

Did the applicant submit a signed Consultation Form?

Yes: 5

No: 0

Non-Profit: 5

**Total** \_\_\_\_\_

Based on previous experience with STOP/VOCA Grants, has the applicant demonstrated its ability to comply with grant management requirements?

Organization is consistently on-time, and consistently accurate in reporting with no history of excessive de-obligations: 5

Organization has occasional issues with report timeliness or accuracy: 3

Organization is consistently late in reporting and has difficulty complying with requests for information: 0

NA: 0

**Total** \_\_\_\_\_

*Please transfer the total for each area to the corresponding blanks on the Summary Page.*

*Please add all the numbers and fill in the “Total Points Awarded” line.*

*Finally, take the Total Points Awarded and divide the number by 200 to determine their percentage.*